



**LICENSING DIVISION
BUREAU OF SECURITY AND INVESTIGATIVE
SERVICES**

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



**Request for Replacement Registration
(\$10 Fee per Certified Replacement)**

Name

Address

Type of Registration/Permit

Registration No. (include prefix)

Social Security No.

Expiration Date

I certify, under penalty of perjury, that my registration has been lost, destroyed, mutilated, etc., as specified below:

Signature

Date